Ex	applement openditure openment Code S		Type or print in ink. Amounts may be rounded to whole dollars.		Report covers	s period	SUPPLEN Date Stamp 2/2/2004		INDEPENDENT CALIFORNIA FORM		65
SEE INSTRUCTIONS ON REVERSE		S ON REVERSE	Amendment (Explain Below)		hrough <u>12/31/20</u>	03			Page 1 of 7		
	Ame	endment No 000	-		Date of election if (Month, Day	f applicable:			For Official		
		Report No CM1	-		10/7/2003						
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee 1258540	e)	Treasure	(If recipient co	mmittee)				
	COMMITTEE/FILE	R'S NAME	1230340	_	NAME OF TREA	SURER					
	MoveOn.Org PAG	C, A Committee Against the Recall of the C	Governor and Proposition 54		Wes Boyd						
	STREET ADDRES	S (NO P.O. BOX)		_	MAILING ADDRE	ESS					
	OLTY	OTATE	TID OODS ADS A CODS/DUONS	_	CITY		STATE Z	ZIP CODE	AREA COD	DE/PHON	NE
	CITY	STATE	ZIP CODE AREA CODE/PHONE				a.	4505	(510) 501	2402	
	Berkeley OPTIONAL: FAX/E	CA CA	94707 (510)524-3492	_	Berkeley	/E-MAIL ADDRES		4707	(510) 524-	3492	
	NAME OF CANDIDA Arnold Schwarzen			Gover	CE SOUGHT OR HE	ELD AND DISTRIC	T, IF APPLICABLE		s	UPPORT	OPPOSE
i	NAME OF BALLOT	MEASURE		BALL	OT NO./LETTER	JURISDICTION			s	UPPORT	OPPOSE
3.	Independe	ent Expenditures Made At	1		peled continuation		AMOUN	NT		TIVE TO NDAR Y 1 - DEC.:	EAR
10/2	2/2003	Fenton Communications San Francisco, CA 94105	Те	elevision Bu	ıy		\$6,980.32		\$6,980.32		
10/2	2/2003	Media Strategies and Research Denver, CO 80203	Те	elevision Bu	y		\$230,000.00		\$230,000.00		
		Zimmerman & Markman Santa Monica, CA 90401	Те	elevision Bu	у		\$.00		\$.00		

Supplemental Independent		tal Independent	Type or print in in-	Г						. INDEPENDENT EXPENDITUR			
Expenditure Report Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		e Report	Type or print in ink. Amounts may be rounded to whole dollars.		from	-	2/2/2	Stamp 1004	CALIFORNI FORM	4	65		
		ON REVERSE	Amendment (Explain Bel	low)	through	03			Page 2	_ of _7			
	Ame	endment No 000			Date of election if (Month, Day	if applicable:			For Officia				
		Report No CM1			10/7/2003								
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee))	Treasure	(If recipient o	committee)						
	COMMITTEE/FILE	R'S NAME		-	NAME OF TREA	SURER							
		2.410.20.20.4			MAILING ADDRE	ESS							
	STREET ADDRESS	S (NO P.O. BOX)											
	CITY	STATE	ZIP CODE AREA CODE/PHONE	-	CITY			STATE ZIP COD	E AREA CO	DE/PHO	NE		
	OPTIONAL: FAX/E	-MAIL ADDRESS			OPTIONAL: FAX	/E-MAIL ADDRE	SS						
		andidate or Measure Supp	orted or Opposed								K ONE		
	NAME OF CANDIDA	ATE		OF	FICE SOUGHT OR HE	ELD AND DISTRI	ICT, IF APPLICA	ABLE		SUPPORT	OPPOSE		
	NAME OF BALLOT	MEASURE		BAI	LLOT NO./LETTER	JURISDICTION	N			SUPPORT	OPPOSE		
3.	Independe	nt Expenditures Made Attac	ch additional information on appropr	riately l	abeled continuation	sheets.			CUMUL	ATIVE TO	DATE		
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CAL	ENDAR Y I.1 - DEC.:	EAR		
		KNBC-TV Burbank, CA 91523-0001	Tele	evision	Buy			\$.00	\$.00				
		KCBS-TV	Tele	evision	Buy			\$.00	\$.00				
		Los Angeles, CA 90028-6493											
		KTTV-TV Los Angeles, CA 90025-5235	Tele	evision	Buy			\$.00	\$.00				

Expe	plemental Independent nditure Report nent Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from	eriod D	SUPPLEMENT Pate Stamp /2/2004	CALIFORNI FORM		65
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Belov	w) through <u>12/31/2003</u>			Page 3	of <u>7</u>	
	Amendment No 000	-	Date of election if ap (Month, Day, Yo			For Officia		
	Report No CM1	-	10/7/2003					
1. Co	mmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recipient committee)				
COM	MITTEE/FILER'S NAME		NAME OF TREASUR	RER				
STRE	EET ADDRESS (NO P.O. BOX)		MAILING ADDRESS					
CITY		ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CO	DE/PHON	NE
OPTI	ONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-M	MAIL ADDRESS				
	ne of Candidate or Measure Sup OF CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HELD	AND DISTRICT, IF APPL	ICABLE	į	CHECI SUPPORT	K ONE OPPOSE
NAME	OF BALLOT MEASURE		BALLOT NO./LETTER JU	JRISDICTION			SUPPORT	OPPOSE
3. Ind	lependent Expenditures Made A	ttach additional information on appropria	ately labeled continuation she	eets.		CUMULA	ATIVE TO	DATE
DA	ATE NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF EXP	ENDITURE	AMOUNT	CUMULA CALE (JAN	NDAR Y .1 - DEC.	EAR 31)
	KTLA-TV Los Angeles, CA 90028-6696	Telev	ision Buy		\$.00	\$.00		
	KOVR-TV West Sacramento, CA 95605-1600	Telev	ision Buy		\$.00	\$.00		
	KTXL-TV Sacramento, CA 95820-5299	Telev	ision Buy		\$.00	\$.00		

Supplemental Independent		tal Independent	Type or print in int	ĺ	SUPPLEMENTAL Report covers period Date Stamp					L INDEPENDENT EXPENDITUR			
Ex	Expenditure Report Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.		from		2/2/2		CALIFORNI FORM	^A 4	65		
SEE INSTRUCTIONS ON REVERSE		S ON REVERSE	Amendment (Explain Below)		through <u>12/31/20</u>	03			Page <u>4</u>	of 7			
	Ame	endment No 000	(Date of election if (Month, Day	on if applicable:			For Officia				
		Report No CM1			10/7/2003								
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	e)	Treasure	(If recipient c	committee)						
	COMMITTEE/FILE	R'S NAME		-	NAME OF TREA	SURER							
				-	MAILING ADDRE	ESS							
	STREET ADDRES	S (NO P.O. BOX)											
	CITY	STATE	ZIP CODE AREA CODE/PHONE	-	CITY			STATE ZIP COD	E AREA CO	DDE/PHOI	NE		
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		andidate or Measure Supp	oorted or Opposed	105		TID AND DIGTOR	IOT IE ABBUIOA	D. F.			K ONE		
	NAME OF CANDIDA	ATE		OF	FICE SOUGHT OR HE	ELD AND DISTRI	ICT, IF APPLICA	BLE		SUPPORT	OPPOSE		
	NAME OF BALLOT	MEASURE		ВА	LLOT NO./LETTER	JURISDICTION	N			SUPPORT	OPPOSE		
3.	Independe	nt Expenditures Made Atta	ch additional information on approp	riately	labeled continuation	sheets.			CUMUL	ATIVE TO	DATE		
	DATE	NAME AND ADDRESS	S OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CAL	ENDAR Y I.1 - DEC.	EAR		
		KFMB-TV San Diego, CA 92111-1582	Tele	evision	Buy		:	\$.00	\$.00				
		KNSD-TV	Tele	evision	Buy		:	\$.00	\$.00				
		San Diego, CA 92101-5015											
		KUSI-TV San Diego, CA 92123-1623	Tele	evision	Buy			\$.00	\$.00				

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Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		e Report	Type or print in ink. Amounts may be rounded to whole dollars.		Report covers from $\frac{1/1/2003}{}$	-	2/2/2	Stamp 2004	CALIFORNI FORM	4	65
		ON REVERSE	Amendment (Explain Belo	ow)	through	03			Page <u>5</u>	_ of <u>7</u>	
	Ame	endment No 000			Date of election in (Month, Day	f applicable:			For Officia		
		Report No CM1			10/7/2003						
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee))	Treasure	(If recipient o	ommittee)				
	COMMITTEE/FILE	R'S NAME			NAME OF TREA	SURER					
		0.410.00.000			MAILING ADDRE	ESS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE Z	ZIP CODE AREA CODE/PHONE		CITY			STATE ZIP COD	E AREA CO	ODE/PHON	NE
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		andidate or Measure Supp	orted or Opposed							CHEC	K ONE
	NAME OF CANDIDA	ATE		OFFI	ICE SOUGHT OR HE	ELD AND DISTRI	ICT, IF APPLICA	ABLE		SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BALL	LOT NO./LETTER	JURISDICTION	N			SUPPORT	OPPOSE
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	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF I	EXPENDITURE		AMOUNT	CAL	ENDAR Y I.1 - DEC.	EAR
		KPIX-TV San Francisco, CA 94111-1597	Tele	evision B	uy			\$.00	\$.00		
		KTVU-TV	Tele	evision B	uy			\$.00	\$.00		
		Oakland, CA 94607-3727			•						
		KNTV-TV San Francisco, CA 94124	Tele	evision B	uy			\$.00	\$.00		

Ex	penditur	tal Independent e Report ections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 2/2/2004	CALIFORN FORM		55
SEE INSTRUCTIONS ON REVERSE		S ON REVERSE	Amendment (Explain Below)	through <u>12/31/20</u>	003		Page <u>6</u>	of 7	
	Ame	endment No 000		Date of election i	f applicable:		_	al Use Onl	ly
		Report No CM1		10/7/2003					
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)			
	COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER				
	STREET ADDRES	S (NO P.O. BOX)		MAILING ADDR	ESS				
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA C	ODE/PHON	E
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	DATE	NAME AND ADDRES		DESCRIPTION OF ision Buy	EXPENDITURE	\$.00	(JAI	N.1 - DEC.3	1)
		San Francisco, CA 94109-6817					4100		

Supplemental Independent Expenditure Report

Type or print in ink. Amounts may be rounded

	SUPPLEMENTA	L INDEPENI	DENT EXPENDITUR	₹E
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om	1/1/2003	FORM	703	
	10/21/2002	_ 7	- 7	

to whole dollars. through $\frac{12/31/2003}{12}$ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER (If recipient com. 1258540 MoveOn.Org PAC, A Committee Against the Recall of the Governor and Proposition 54 4. Summary \$236,980.32 1. Total independent expenditures made of \$100 or more this period. (Part 3.)..... \$0.00 2. Total independent expenditures under \$100 made this period. (Not itemized.)...... \$236,980.32 5. Filing Officers Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed. 1) NAME OF FILING OFFICER 3) NAME OF FILING OFFICER Secretary of State Sacramento County Registrar of Voters **ADDRESS** (NO. AND STREET) ADDRESS (NO. AND STREET) CITY STATE ZIP CODE CITY STATE ZIP CODE CA 95814 CA 95827 Sacramento Sacramento 2) NAME OF FILING OFFICER 4) NAME OF FILING OFFICER San Francisco County Registrar Recorder Alameda County Registrar of Voters ADDRESS (NO. AND STREET) ADDRESS (NO. AND STREET) CITY STATE ZIP CODE CITY STATE ZIP CODE San Francisco CA 94102 Oakland CA 94612 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	1/30/2004	Boyd Boyd Boyd Boyd
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	1/30/2004	Boyd Boyd Boyd Boyd
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT